

PART I (TO BE COMPLETED BY APPLICANT)

Applicant's Name

ASCP Customer ID #

Address

Email Address

City, State, Zip Code

Last Four Digits of Applicant's Social Security #

If necessary, multiple documentation forms may be submitted to verify that the experience requirements have been met. Multiple forms must be submitted if experience was obtained at different laboratories or under different supervisors. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

Will more than one documentation form be submitted for this application? Yes _____ No _____

PART II (MUST BE COMPLETED AND SIGNED BY THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* IN ORDER TO BE ACCEPTABLE)

SUBJECT: VERIFICATION OF EXPERIENCE FOR EXAMINATION ELIGIBILITY

This individual, identified above, has applied for the Board of Certification Histotechnologist examination. In order to establish this applicant's eligibility for certification, the following information is necessary:

1. PLEASE COMPLETE: EXPERIENCE (INCLUDING ON-THE-JOB TRAINING)

Date experience **started** in Histotechnology: Month _____ Day _____ Year _____

Date experience **ended** in Histotechnology: Month _____ Day _____ Year _____ (Ongoing/Current) _____

No end date:

How many hours per week in Histotechnology? _____

2. Directions: Please review the experience of this applicant. **PLEASE PLACE AN X BY EACH AREA IN WHICH THIS APPLICANT HAS PERFORMED SATISFACTORILY UNDER YOUR SUPERVISION.** To qualify for certification as a histotechnologist, the applicant should be competent to perform **ALL** the tests and procedures indicated. Competency may be demonstrated through direct observation of performance or review of results. The histotechnologist should have the equivalent knowledge and skill to those of a graduate of a NAACLS accredited Histotechnology program. (NOTE: It is the applicant's responsibility to ensure experience is documented in **ALL** areas required for eligibility.)

FIXATION

- Tissue Identification
- Parameters (e.g., pH, time, temperature)
- Reagents
- Selection, preparation, and use of fixatives for various applications
- Troubleshooting/problem solving of fixation artifacts

PROCESSING

- Selection, preparation, and use of decalcification reagents
- Selection of appropriate processing methods (e.g., routine histology, immunohistochemistry, cytology)
- Operation and maintenance of a tissue processor

EMBEDDING / MICROTOMY

- Tissue identification and orientation for embedding
- Operation and maintenance of an embedding center
- Microtomy (e.g., paraffin, frozen)
- Operation and maintenance of a microtome / water bath and cryostat

STAINING

- Selection of appropriate control material
- Reagent preparation
- Operation and maintenance of staining equipment
- Mounting and coverslipping procedures
- Identification of tissue structures and their staining characteristics
- Routine staining (i.e., H&E)
- Special staining (e.g., carbohydrates and amyloid, connective tissue, microorganisms, pigments and minerals)
- Immunohistochemistry

LABORATORY OPERATIONS

- Operation, preventive maintenance, and corrective action for equipment
- Troubleshooting
- Quality control
- Application of laboratory safety protocols

3. BY SIGNING THIS FORM, I AS THE IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* VERIFY THAT THIS APPLICANT HAS PERFORMED SATISFACTORILY IN THE HISTOTECHNOLOGY AREAS CHECKED ON THIS FORM.

(Please Print) Immediate Supervisor or Laboratory Management* Name & Credential(s)

Title

Immediate Supervisor or Laboratory Management* Signature

Date

Telephone Number

Email Address

Institution

City, State

Zip Code

BE SURE TO INCLUDE A LETTER OF AUTHENTICITY FROM YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT* WITH THIS EXPERIENCE DOCUMENTATION FORM. THE LETTER OF AUTHENTICITY MUST BE PRINTED ON ORIGINAL LETTERHEAD. IT MUST STATE THAT THE EXPERIENCE DOCUMENTATION FORM WAS COMPLETED, SIGNED AND DATED BY YOUR IMMEDIATE SUPERVISOR OR LABORATORY MANAGEMENT*.

**Management is defined as someone in a management role who can verify technical experience.*

See www.ascp.org/boc/us-documentation for submission instructions.